



TEXAS STATE BOARD OF EXAMINERS OF PERFUSIONISTS

1100 West 49th Street
Austin, Texas 78756-3183
(512) 834-6751
FAX (512) 834-6677
perfusionist@licc.tdh.state.tx.us

Dear Applicant:

Enclosed is an application packet for licensure as a Licensed Perfusionist or Provisional Licensed Perfusionist. Included in this packet is a copy of the Licensed Perfusionists Act, a copy of the board's rules authorized by the Act, and an application form to complete and return with the \$150.00 application fee (includes initial license).

The following subsections of the Board's rules may be of particular interest to you:

Section 761.3(b)	Code of Ethics
Section 761.7	Application Procedures
Section 761.9	Provisional Licensed Perfusionist
Section 761.14	Continuing Education

If you have any questions after reviewing the enclosed materials, please contact me at (512) 834-6751.

Sincerely,

Bobby Schmidt
Executive Secretary

MAIL COMPLETED APPLICATION FORMS AND RELATED DOCUMENTATION WITH YOUR FEE TO:

TEXAS STATE BOARD OF EXAMINERS OF PERFUSIONISTS
P.O. BOX 12197
AUSTIN, TEXAS 78711-2197

MAIL REQUESTS REGARDING THE STATUS OF YOUR APPLICATION OR OTHER CORRESPONDENCE TO:

TEXAS STATE BOARD OF EXAMINERS OF PERFUSIONISTS
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3183

TEXAS STATE BOARD OF EXAMINERS OF PERFUSIONISTS**Budget ZZ045****P. O. Box 12197****Fund 162****Austin, Texas 78711-2197**

APPLICATION FOR LICENSURE**Licensed Perfusionist or Provisional Licensed Perfusionist**

Please type or print legibly. All mail will be sent to the address listed in item #3 without regard to any other address which may appear on this completed application or on the envelope in which it was mailed.

APPLICANT INFORMATION

1. Name: _____
Last First Middle or Maiden

2. Social Security Number: _____

3. Preferred mailing address: _____

4. Telephone: Home _____ Work _____

5. Date of birth: _____

6. Do you possess a professional license, certificate, or registration as a perfusionist issued by another state, jurisdiction, or territory?
_____ **YES** _____ **NO**

If yes, give license, certificate, or registration number and the name and address of the agency or jurisdiction issuing the license, certificate, or registration: _____

An official statement of your status and disciplinary history must be mailed to this office directly from the issuing agency or jurisdiction.

7. Have you ever had your license, certificate, or registration revoked, canceled, or suspended? _____ **YES** _____ **NO**
If yes, briefly state the reason(s): _____

8. Have you ever been convicted of a felony or misdemeanor? _____ **YES** _____ **NO**

Have you ever entered a plea of nolo contendere, entered a plea of guilty, or received
deferred adjudication for a felony or misdemeanor? _____ **YES** _____ **NO**

If you answered yes to either question, give date and attach a copy of the charges and disposition papers.

9. In order to facilitate the board's review of your application materials, place a checkmark by the type of license for which you are applying:

_____ **Licensed perfusionist**

Applicant must hold current certification as a Certified Clinical Perfusionist (CCP) issued by the American Board of Cardiovascular Perfusion (ABCP). Enclose a copy of the certificate or submit a verification letter from the ABCP. Enclose an official transcript or copy of certificate of completion from an approved perfusion education program.

_____ **Provisional licensed perfusionist**

Applicant must have successfully completed an approved perfusion education program and shall be under the supervision and direction of a currently licensed perfusionist who resides in Texas. Enclose a copy of the certificate of completion from the education program. Complete and enclose the *Statement of Supervision* form.

EMPLOYMENT INFORMATION

10. Primary Employment Setting
Position _____

Place of Employment _____

Address (include zip code) _____

Telephone number _____

Dates of employment _____
11. Secondary Employment Setting
Position _____

Place of Employment _____

Address (include zip code) _____

Telephone number _____

Dates of employment _____
12. Work Experience
List positions held, type of work performed, employer's name and address, and dates of employment for previous work experience in the field of perfusion.

ACADEMIC INFORMATION

Applicants must submit **official transcripts** from an approved perfusion education program or from a program with requirements as stringent as those established by the Accreditation Committee for Perfusion Education (AC-PE) and approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or their successors. If submitting an equivalent program, the burden is on an applicant to establish that program requirements are as stringent as those established by the AC-PE and approved by the CAAHEP or their successors.

13. List all colleges, universities, and educational programs attended. Attach additional sheets if necessary.
- A. Perfusion education program: _____

Location: _____

Inclusive dates attended: _____
- B. College or university: _____

Location: _____

Inclusive dates attended: _____

Degree awarded and major field: _____

FOR OFFICE USE ONLY

Name: _____ Lic/Reg# _____

PHOTOGRAPH SUBMISSION

All applicants for licensure or registration must complete this page.

1. Attach a full-faced, wallet-size photograph (minimum size 1 ½" X 1 ½") of applicant's head and shoulders only. Use tape to secure photograph to page.
2. This photograph will be used in connection with your application for licensure or registration and for the purposes of complaint or violation investigation(s). It will not be made available to any person who grades your examination nor to any person who makes any decision concerning your employment.
3. Photograph must have been taken within the two-year period prior to application.
4. Cutouts, newspaper or magazine clippings, photocopies, etc. will not be accepted.
5. **Sign the photograph on the backside.** Sign and date this page as indicated.
6. Failure to follow these instructions will result in a deficiency notice and no action will be taken on your file until the deficiency is resolved.

**Attach Signed
Full-Face
Photograph**

H E R E

**Must be at least
1 ½" x 1 ½"**

Signature: _____

Social Security Number: _____

Date: _____

PLEASE READ CAREFULLY

In making application to the Texas State Board of Examiners of Perfusionists for the issuance of a license or provisional license as a perfusionist, I have read and agree to abide by the Licensed Perfusionists Act and the rules of the Texas State Board of Examiners of Perfusionists. I also agree to complete all application requirements and take all examinations necessary for the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics [Section 761.3(b)]. I further understand that the fee submitted with this application is nonrefundable and that the materials submitted for consideration become the property of the Board and are nonreturnable. I am aware of the schedule of fees [Section 761.2(s)] and understand that additional fees must be paid to keep the license current. I have read and fully understand Section 761.12 relating to changes of name and address within 30 days of that change.

I agree to hold the Texas State Board of Examiners of Perfusionists, its members, officers, agents, and examiners, free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination (if applicable), the grades with respect to any examination, the failure of the Board to issue me a license and any other aspect of licensing. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension or cancellation of that license, I shall return the license certificate and license identification card to the Board.

The disclosure of a social security number is required under the Family Code, Section 231.302. Social security numbers are used for identification purposes and are confidential except as to the child support enforcement division of the Office of the Attorney General.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license or provisional license, or the revocation of my license.

Date

Signature of Applicant

The State of _____)

County of _____)

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 19____

Notary Public in and for _____ County, Texas or _____

(Signature of Notary)

(Name of Notary)

(Commission Expiration Date)

STATEMENT OF SUPERVISION FOR PROVISIONAL LICENSED PERFUSIONISTS

The supervising licensed perfusionist must sign the application for a provisional license
and the application for renewal of the provisional license.

Applicant under Supervision

Name

Address

City, State, Zip

Telephone

Supervising Licensed Perfusionist

Name

Address

City, State, Zip

Telephone

License number

1. Applicant Status (check one) Initial Application **G** Renewal Application **G**

2. Applicant's number of cases worked per week: _____

3. _____
Primary location and setting of services rendered

Address, City, State, Zip

4. _____
Description of services rendered by applicant

5. _____
Date employment will begin

Date supervision will begin

TERMS OF SUPERVISION

To meet licensure and license renewal requirements, a provisional licensed perfusionist shall be under the supervision and direction of a currently licensed perfusionist who resides in Texas. Supervision and direction are defined as procedural guidance provided by a licensed perfusionist and need not be on site. The supervising licensed perfusionist must sign the application for a provisional license and the application for renewal of the provisional license. A provisional licensed perfusionist must have a supervising licensed perfusionist at all times whether or not the provisional licensed perfusionist is actively employed. Any change in the supervision must be submitted in writing. The signature of the supervising licensed perfusionist must be included in the written notice. **In the event of termination, the supervising licensed perfusionist must submit written notification of termination of supervision to the board and the applicant within 14 days of when supervision has ceased. The provisional licensed perfusionist shall make a good faith effort to ensure that the supervising licensed perfusionist submits an appropriate notification.** A provisional license is valid for one year from the date it is issued and may be renewed annually for not more than five times by the procedures set out in Section 761.13 of the board's rules.

By the signatures below, we agree to adhere to the requirements of the Licensed Perfusionists Act and the rules of the Texas State Board of Examiners of Perfusionists.

Signature of Supervisee

Signature of Supervisor

Date

Date